



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

January 6, 2014

Jennifer Abbott  
1023 Holmes St  
Bettendorf, IA 52722

Dear Jennifer Abbott,

**Please read this carefully, failure to follow the instructions in this letter may result in revocation.** A copy of this letter went to CCRR. You may contact CCRR for a follow-up visit. CCRR can help you get the forms and such you may need.

This letter is in regards to the 12/18/13 compliance check of your Category A, Registered Child Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

*Reminder: On November 1, 2013 there will new forms for physicals (for provider, family and pets). There are other forms will be updated at that time. These forms will be required to be in files during the next checklist.*

☐ 110.5(1) Conditions in the home are safe, sanitary, and free of hazards. **This is because items are missing.**

☐ 110.5(1)x For homes built prior to 1960, provider must complete visual assessment for lead hazards and apply necessary interim controls prior to registration and each renewal  
*Chipping paint in front porch and garage- new siding in spring*

☐ 110.5(8) Children's Files

☐ 110.5(8) An individual file is maintained for each child and updated annually or when there are changes.  
Each file contains:

☐ 110.5(8)a Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child and the parent's work address and telephone number.  
L, N- updated needed

☐ 110.5(8)b Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name, number, telephone number, and relationship to the child of another adult available in case of emergency.  
L, N- updated needed

☐ 110.5(8)c A signed medical consent from the parent authorizing emergency treatment.  
L, N- updated needed

☐ 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually.  
L

☐ 110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.

L, N- update needed

☐ 110.5(8)g A signed and dated immunization certificate provided by the state department of public health.

N

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. **Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations by 2/20/14.**

☐ Based on the items out of compliance listed above, you will be required to have a recheck or follow up visit to your home. This visit will occur after the 45 day time period has elapsed.

☐ Based on the items out of compliance listed above, a recheck or follow up visit to your home is not necessary. However, it is essential you provide documentation to the Department that certifies you have corrected each of the identified regulatory violations and are now in complete compliance with all Departmental regulatory mandates. **Please check mark each of the boxes listed above when the necessary corrections have been completed.** By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section.

**I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules. Please sign and date below, and return this form in the provided envelope or email. BY 2/20/14**

X \_\_\_\_\_  
Signature Date

Please do not hesitate to contact me if you have any questions regarding this letter.

Sincerely,

*Glenda Currier*

Glenda Currier, SW II, Childcare Specialist, [gcurrie@dhs.state.ia.us](mailto:gcurrie@dhs.state.ia.us)

563/557-8251 or 690-5422 ex.t 422 800/650-6361 for long distance only Fax: 563/557-9177

CC: File, CCRR, DHS Supervisor

DHS web site: [www.dhs.state.ia.us](http://www.dhs.state.ia.us)

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. The Fire Marshal or Safety officers in your area are good sources for help setting up smoke detectors, fire extinguishers and other zoning questions.

For Scott County:

CCRR, 500 E 59th St, Davenport, IA 52807

563-324-3236, 563/324-3239 ext. 1421

Long distance: 866-324-3236

Lisa Hilsenbeck, [lhilsenbeck@iacommunityaction.org](mailto:lhilsenbeck@iacommunityaction.org) Child Care Consultant Supervisor

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to [http://www.dhs.state.ia.us/Consumers/Child\\_Care/Professional\\_Development.html](http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html) and you can sign up for training at <https://ccmis.dhs.state.ia.us/trainingregistry/>

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).